

## Flynn, Joann

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**From:** Web Form Poster [tberry@auditor.in.gov]  
**Sent:** Tuesday, January 31, 2012 1:56 PM  
**To:** IG Info  
**Subject:** [Form 40876 submission]

For the Calendar Year: 2011  
Check if this is an amendment to your current statement.:

Name (Last): Berry  
Name (First): Tim  
Name (Middle): J

Spouse's Name (Last): Berry  
Name (First): Kim  
Name (Middle): J

Office Address (Street): 240 StateHouse  
Address (City): Indianapolis  
Address (Zip): 46204

Office Telephone Number: ( 317 )233-1443  
Email Address (required): [tberry@auditor.in.gov](mailto:tberry@auditor.in.gov)

I am filing this statement as a (select one): incumbent

Office or Agency: State Auditor  
Job Title: State Auditor

PART 1 - GIFTS (If you have information to report below, select YES. If no information, select NO.) No

Name (Last):  
Address (City):  
Address (Zip):  
Name (Last):

Address (City):  
Address (Zip):

Name (Last):  
Address (City):  
Address (Zip):

PART - 2 REAL PROPERTY INTERESTS (If you have information to report below, select YES. If no information, select NO.) Yes

Property and its location: 7629 Prairie View Drive, Indianapolis, IN 46256  
Property and its location:  
Property and its location:

PART - 3 Non-State Employers (If you have information to report below, select YES. If no information, select NO.) Yes

List the name of your employer(s) and the employer(s) of your spouse and the nature of each employer's business.

Your employer: State of Indiana

Nature of business: State Auditor

Spouse's employer: Arthritis Foundation

Nature of business: Health related fundraising

PART 4 - SOLE PROPRIETORSHIP OR PROFESSIONAL PRACTICE (If you have information to report below, select YES. If no information, select NO.) No

Name of Your Business:

Nature of Business:

Name of Spouse's Business:

Nature of Spouse's Business:

Do any clients for these businesses listed above have a business relationship with your agency (or in the case of a candidate, with the office sought)?

List the name of any client or customer from whom you or your spouse received more than thirty-three percent (33%) of your (or your spouse.s) non-state income in a year.

PART 5 - PARTNERSHIPS (If you have information to report below, select YES. If no information, select NO.) No

Name of Your partnership:

Nature of partnership:

Name of Spouse's partnership:

Nature of Spouse's partnership:

PART 6 - OFFICER OR DIRECTOR OF CORPORATION (If you have information to report below, select YES. If no information, select NO.) No

Name of Corporation:

Nature of Business:

Name of Spouse's Corporation:

Nature of Spouse's Business:

PART 7 - STOCKHOLDER OF CORPORATION (If you have information to report below, select YES. If no information, select NO.) No

Name of corporation:

your's:

spouse's:

children's:

Name of corporation:

your's:

spouse's:

children's:

Name of corporation:

your's:

spouse's:

children's:

PART 8 - MOST RECENT EMPLOYER (If you have information to report below, select YES. If no information, select NO.) Yes

Name of your most recent former employer: Allen County Treasurer

Address

Street: 1 East Main Street

City: Fort Wayne

State: IN

Zip Code:

COMMENTS

<p>Please place any comments in the fields below

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FIELDS NOT DEFINED IN THE TEMPLATE FOLLOW  
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